

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 27, 2008

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Romano's Macaroni Grill, 6800 South 27th Street requesting a class C liquor license.

This business was previously owned by Brinker Restaurant Corporation. Brinker has sold this establishment to Mac Acquisition.

Scott Gwartney will remain as the liquor manager. Background information on Mr. Gwartney will be omitted as he was approved by Council as the manager for Brinker Restaurant Corporation.

Scott Gwartney is current on the required training.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

RECEIVED

OCT 07 2008

NEBRASKA LIQUOR

CONTROL COMMISSION

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | BEER, ON SALE ONLY | \$45.00 |
| <input type="checkbox"/> | B | BEER, OFF SALE ONLY | \$45.00 |
| <input checked="" type="checkbox"/> | C | BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE | \$45.00 |
| <input type="checkbox"/> | D | BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY | \$45.00 |
| <input type="checkbox"/> | I | BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY | \$45.00 |

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

MISCELLANEOUS

- | | | | | |
|--------------------------|---|--------------------------|------------------------|-----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | O | Boat | \$ 95.00 | |
| <input type="checkbox"/> | V | Manufacturer | \$ 45.00(+license fee) | \$10,000 minimum bond |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 | \$5,000 minimum bond |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 | \$1,000 minimum bond |
| <input type="checkbox"/> | Z | Micro Distillery | \$295.00 | \$1,000 minimum bond |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- QA ✓
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License (requires insert form 1) |
| <input type="checkbox"/> | Partnership License (requires insert form 2) |
| <input type="checkbox"/> | Corporate License (requires insert form 3a & 3c) |
| <input checked="" type="checkbox"/> | Limited Liability Company (requires form 3b & 3c) |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(commission will call this person with any questions we may have on this application)

✓ Name Cheryl Salgado, Paralegal

Phone number: 813-273-5290

Firm Name GrayRobinson, P.A.

*for checklist
signature*

RECEIVED

POWER OF ATTORNEY

OCT 02

NEBRASKA LIQUOR
CONTROL COMMISSION

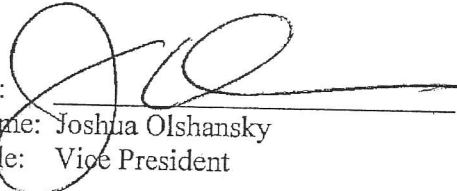
Mac Acquisition LLC hereby appoints and empowers RICHARD M. BLAU and JOHN J. HARRIS, each in his individual capacity, as its true and lawful attorneys-in-fact to represent, request and file information, sign permit and license applications, and act for it in its name and on its behalf:

The purpose of this Power of Attorney is to empower each of the above named attorneys-in-fact to act on behalf of Mac Acquisition LLC before any office of any state or local governmental agency in Alabama, Arizona, Arkansas, California, Colorado, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Mississippi, Nebraska, New Jersey, New Mexico, Nevada, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, and Virginia.

It is the specific intent of the undersigned that the power conferred on each of its attorneys-in-fact will be exercisable by either from the date of this instrument and shall continue in full force and effect until February 28, 2009.

IN WITNESS WHEREOF, it has executed this power of attorney on September 9, 2008.

Mac Acquisition LLC

By: 
Name: Joshua Olshansky
Title: Vice President

OK

PREMISE INFORMATION

Trade Name (doing business as) Romano's Macaroni Grill

Street Address #1 6800 S. 27th Street

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68512-4822

Premise Telephone number 402-420-5577

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission) city

Name c/o Alcohol Beverage & Food Law Department

Street Address Gray Robinson, P.A.

#1 201 N. Franklin St., Suite 2200

Street Address Attn: Vicki Thomas

#2 _____

City Tampa, FL County Hillsborough Zip Code 33602

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

Please see floor plan at Tab 13

see attached diagram

no basement

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☒ YES ☐ NO #46874, Licensee: Brinker Restaurant Corporation,
If yes, give name of business and license number Premise: Romano's Macaroni Grill

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment. at Tab 10

b) Include a list of alcohol being purchased, list the name brand, container size and how many? at Tab 12

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☒ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender See attached Source-of-Funding Memorandum at Tab 7

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☐ NO

If yes, explain. All involved persons must be disclosed on application. See attached Source-of-Funding Memorandum at Tab 7 (emailed to Hobert Rupe and Mary Messman on 9/14/08)

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain. See attached Source-of-Funding Memorandum at Tab 7

No silent partners

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

Silicon Valley Bank, Santa Clara, CA - Company contact: Sue Breedlove 415-983-2706

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held. None

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations. Scott Gwartney - approximately 60 hrs. per week

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages. Mr. Gwartney has been the restaurant manager since June 2003 and will remain so after closing.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☐ Lease: expiration date
☒ Deed -- See Tab 11
☐ Purchase Agreement

Assigned deed over to applicant.

per Mary 10-17-

15. When do you intend to open for business? On or about 11/15/08

16. What will be the main nature of business? Restaurant

17. What are the anticipated hours of operation? Sun. - Thurs.: 11am - 10pm; Fri. and Sat.: 11am - 11pm

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

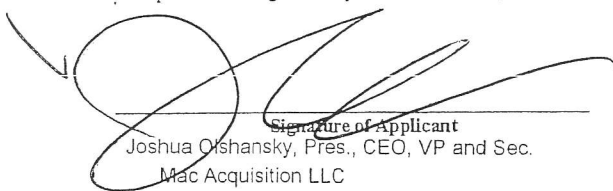
RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Joshua Olshansky			divorced		
47 Levant St., San Francisco, CA 94114	7/04	present			
1262 Clayton St., San Francisco, CA 94114	11/02	7/04			
778 Gailen Ave., Palo Alto, CA 94303	3/00	11/02			
521 Del Medio Ave., Mountain View, CA 94040	3/98	3/00			

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.



Signature of Applicant
Joshua Olshansky, Pres., CEO, VP and Sec.
Mac Acquisition LLC

N/A

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of _____

County of _____

The foregoing instrument was acknowledged before
me this _____ by

The foregoing instrument was acknowledged before
me this _____ by

Notary Public signature

Notary Public signature

Affix Seal Here

on next page

Affix Seal Here

in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC Information

Name of Corporation/LLC: Mac Acquisition LLC

Premise Information

Premise License Number: _____

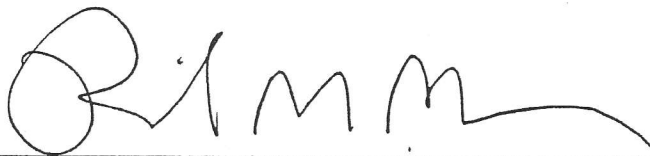
Premise Trade Name/DBA: Romano's Macaroni Grill

Premise Street Address: 6800 S. 27th Street

City: Lincoln State: NE Zip Code: 68512

Premise Phone Number: 402-420-5577

The individual whose name is listed in the president or owner member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

*all
attached
POA*

RECEIVED

OCT 6

NEBRASKA LIQUOR
CONTROL COMMISSION

ACKNOWLEDGEMENT

STATE OF CALIFORNIA

)

)ss.

CITY AND COUNTY OF SAN FRANCISCO

)

On this 9th day of September, 2008, before me, the undersigned Notary Public, personally appeared **JOSHUA OLSHANSKY**, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity(ies), and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

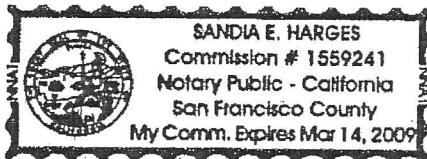
I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Sandia E. Harges
Notary Public/Commissioner of Oaths

(SEAL)

My Commission Expires MARCH 14, 2009



*Notary for
signature on
corporation form*

A handwritten signature, likely of the notary Sandia E. Harges, consisting of stylized initials and a surname.

ACKNOWLEDGEMENT

STATE OF CALIFORNIA

)

)ss.

CITY AND COUNTY OF SAN FRANCISCO

)

On this 04th day of September, 2008, before me, the undersigned Notary Public, personally appeared JOSHUA OLSHANSKY, who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity(ies), and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

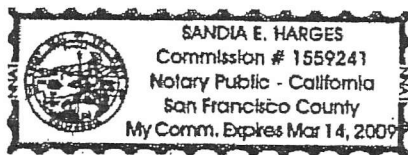
I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Sandia E. Harges
Notary Public/Commissioner of Oaths

(SEAL)

My Commission Expires March 14, 2009



Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

☐ NO

Romano's Macaroni Grill Lincoln

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

prints enclosed

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Gwartney First Name: Scott MI: C

Home Address (include PO Box if applicable): 3116 South 76

City: Lincoln State: NE Zip Code: 68506

Home Phone Number: 402-327-8208 Business Phone Number: 402-420-5577

Social Security Number: Drivers License Number & State: NEBRASKA

Date Of Birth: Place Of Birth: Reno NEVADA

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

spousal

Spouse's information

Spouses Last Name: Gwartney First Name: Kelly
MI: R

Social Security Number: Drivers License Number & State: NEBRASKA

Date Of Birth: Place Of Birth: North Platte NEBRASKA

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
Lincoln NE	1998	2008	Lincoln NE	1998	2008

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1998	2002	Valentino's	Tom Harrison	402-322-8420
2002	2008	ROMANO'S Mexican Grill	RON HARRIS	847-863-1414

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Vanvaster

County of Vanvaster

The foregoing instrument was acknowledged before me this _____ by

The foregoing instrument was acknowledged before me this _____ by

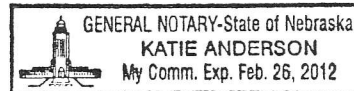
10/3/2008
Katie Anderson
Notary Public signature

10/3/2008
Katie Anderson
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 5/2007

STATE OF NEVADA

RECEIVED

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

OCT 07 2008

NEBRASKA LIQUOR
CONTROL COMMISSIONSTATE OF NEVADA—DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS

REGISTRAR'S No. 1818 CERTIFICATE OF LIVE BIRTH BIRTH No. 127. 66-006391

1. PLACE OF BIRTH: STATE OF NEVADA A. COUNTY Washoe		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) A. STATE Nevada B. COUNTY Clark	
B. CITY, TOWN, OR LOCATION Reno		C. CITY, TOWN, OR LOCATION Las Vegas	
C. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Mary's Hospital		D. STREET ADDRESS 4629 North Las Vegas Boulevard	
D. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		E. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CHILD	3. NAME (Type or print) (First) (Middle) (Last) Scott Caywood Gwartney		
	4. SEX Male 5A. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 5B. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/> 6. DATE (Month) (Day) (Year) OF BIRTH		
FATHER	7. NAME (First) (Middle) (Last) Kent Nelson Gwartney		8. COLOR OR RACE White
	9. AGE (At time of this birth) 28 YEARS	10. BIRTHPLACE (State or foreign country) Kansas	11A. USUAL OCCUPATION Petty Officer
MOTHER	12. MAIDEN NAME (First) (Middle) (Last) Ardella Greenwood		13. COLOR OR RACE White
	14. AGE (At time of this birth) 30 YEARS	15. BIRTHPLACE (State or foreign country) Utah	16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? 1 b. How many OTHER children were born alive but are now dead? 0 c. How many fetal deaths (fetuses born dead at ANY time after conception)? 0
17. INFORMANT'S SIGNATURE Ardella Gwartney			
18. MOTHER'S MAILING ADDRESS 4629 North Las Vegas Boulevard, Las Vegas, Nevada			
I hereby certify that this child was born alive on the date stated above at 5:56 P.M.		18A. SIGNATURE George J. Furman	18B. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>
		18C. ADDRESS George J. Furman, M. D. 129 West Sixth Street, Reno, Nevada	18D. DATE SIGNED 10-23-66
19. DATE REC'D. BY LOCAL REG. 10-25-66	20. REGISTRAR'S SIGNATURE Berta Carlson, act. Reg.		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)



This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued:

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

RECEIVED

OCT 07 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office) Tab B

Name of Registered Agent: CT Corporation System, 301 S. 13th St., Suite 500, Lincoln, NE 68508

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Mac Acquisition LLC

LLC Address: c/o Alcohol Beverage & Food Law Department, GrayRobinson, P.A.
201 N. Franklin St., Suite 2200

City: Tampa State: FL Zip Code: 33602

LLC Phone Number: 813-273-5000 Attn: Vicki Thomas Fax Number 813-273-5145

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Olshansky First Name: Joshua MI: (none)

Home Address: 47 Levant Street City: San Francisco

State: CA Zip Code: 94114 Home Phone Number: 415-552-4902

Signature of Contact Member

State of Nebraska

County of

The foregoing instrument was acknowledged before me this

date

by

name of person acknowledged

Notary Public signature

Affix Seal Here

see next page

List names of all members and their spouses (even if a spousal affidavit has been submitted)

✓ Last Name: Olshansky First Name: Joshua MI: (none)

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

*BC
signed
prints*

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying Limited Liability Company controlled by another Corporation/Company?

☒ YES

☐ NO

If yes, provide the name of corporation/company and supply an organizational chart

See attached Organizational Chart at ~~Tab 7~~

*will be
submitting
before license
is issued.*

Indicate the company's tax year with the IRS (Example January through December)

Starting Date: July 1 Ending Date: June 30

Is this a Non-Profit Corporation?

☐ YES

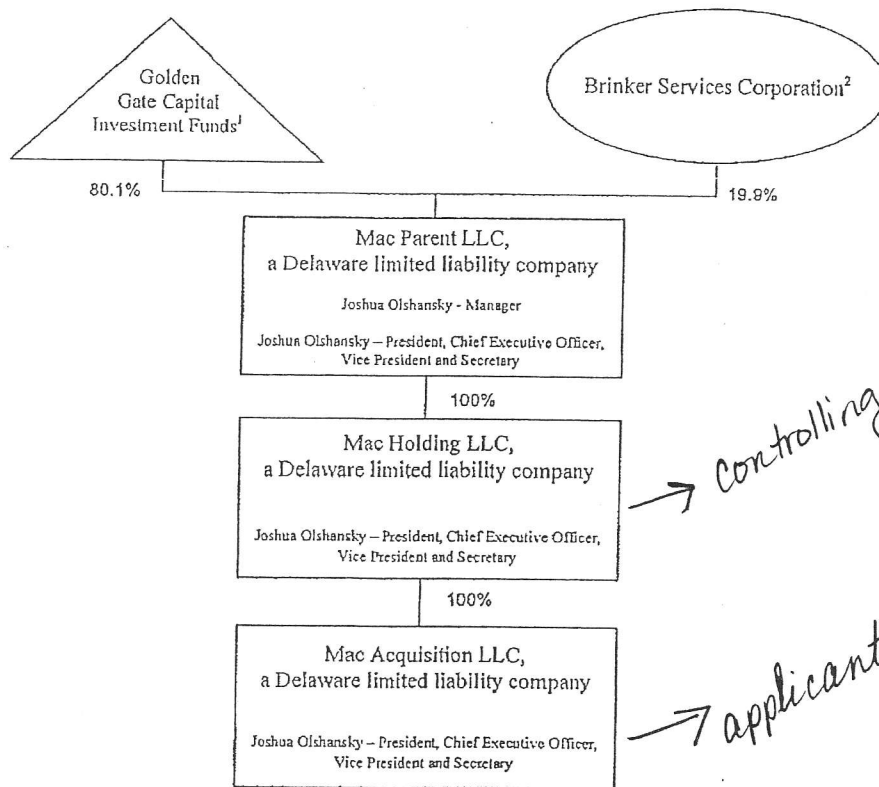
☒ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this limited liability company insert form 3b is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format

REVISED 5/2007

Controlling Corp



¹ Golden Gate Capital is a private equity investment firm based in San Francisco with in excess of \$9 billion of committed capital from leading endowments and foundations. The firm's charter is to partner with world class management teams in making high-return, change-intensive, growth investments. GGC's professionals have participated in more than 100 investments aggregating to over \$10 billion in enterprise value. GGC's current fund was raised in 2008 with \$5.5 billion of capital commitments.

² Brinker Services Corporation is an affiliate of Brinker International, Inc. Brinker International, Inc. is traded on the New York Stock Exchange.

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NEBRASKA LIQUOR
CONTROL COMMISSION

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

CERTIFICATION OF BIRTH

This is a certification of name and birth facts on file in the Office of Vital Records, Department of Health and Mental Hygiene, City of New York.

DATE OF BIRTH		CERTIFICATE No.	156-70-211779
BOROUGH	BRONX	DATE FILED	07-24-70
		DATE ISSUED	09-10-08
NAME	JOSHUA OLSHANSKY	SEX	MALE
MOTHER'S MAIDEN NAME	KAREN JUDITH RANKIN		
FATHER'S NAME	KENNETH OLSHANSKY		

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or

Steven P. Schwarz
Steven P. Schwarz, Ph.D.
City Registrar

OK

STATE OF

NEBRASKA
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NEBRASKA LIQUOR
CONTROL COMMISSION

United States of America,
State of Nebraska } ss.

Department of State
Lincoln, Nebraska



I, John A. Gale, Secretary of State of Nebraska do hereby certify;

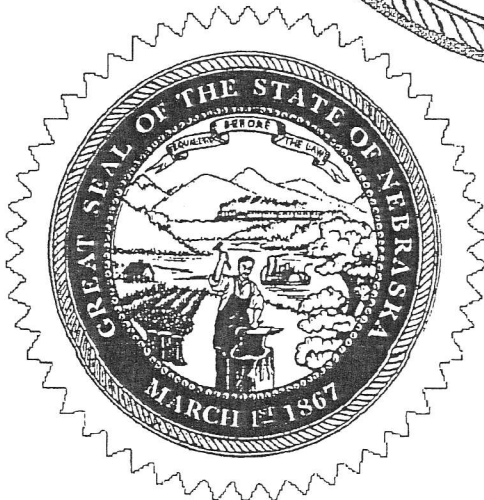
the attached is a true and correct copy of the Certificate of Authority
to transact business in the State of Nebraska for

MAC ACQUISITION LLC
a Delaware limited liability company, as filed in this office on
August 28, 2008.

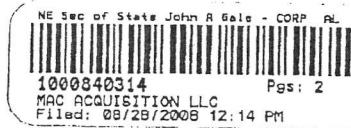
I further certify that said limited liability company is hereby
authorized to transact business in the State of Nebraska. Δ

In Testimony Whereof, I have hereunto set my hand and
affixed the Great Seal of the State
of Nebraska on August 28, 2008.

John A. Gale
SECRETARY OF STATE



This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's
financial condition or business activities and practices.



APPLICATION FOR CERTIFICATE
OF AUTHORITY
LIMITED LIABILITY COMPANY

(FOREIGN)

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
<http://www.sos.state.ne.us>

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NEBRASKA LIQUOR
CONTROL COMMISSION

An original certificate of good standing from the appropriate authority in the jurisdiction or state under whose laws the limited liability company was organized must be filed with this document.

NOTE: A certified copy of the company's articles of organization may not be filed in lieu of a certificate of good standing.

Name of Limited Liability Company Mac Acquisition LLC

Address of Principal Business office:

c/o Brinker International, Inc., 6820 LBJ Freeway, Dallas, Texas 75240

Street Address

City

State

Zip

Organized under the laws of the State of Delaware

Date of Organization 7/01/2008

Nature of the Business or purposes to be conducted or promoted in this state:

Operator of restaurants

Name and address of registered agent in Nebraska:

Registered Agent Name: CT Corporation System

Address: 301 South 13th Street, Suite 500, Lincoln NE 68508

Street Address and post office box number (if any)

City

Zip

Joshua Olshansky/Vice President

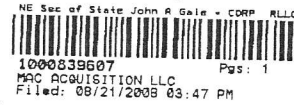
Signature of Member or Manager

Printed name of Member or Manager

FILING FEE: \$120.00

Revised 07/18/08

Neb. Rev. Stat. 21-2638



**APPLICATION FOR RESERVATION
of
LIMITED LIABILITY COMPANY NAME**
Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
(402) 471-4079
<http://www.sos.state.ne.us>

The undersigned hereby requests the following name be reserved:

Name to be Reserved Mac Acquisition LLC

Reservation is good for 120 days

DATED August 21, 2008

Samantha West

Signature

GKL Corporate/Search, Inc.

Printed Name

915 L Street, Suite 1250

Street Address

Sacramento, CA 95814

City, State, Zip

FILING FEE: \$15.00

Revised 12/19/2000

Neb. Rev. Stat. 21-2604.01

Delaware

The First State

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CORPORATIONS DIVISION
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NEBRASKA LIQUOR
CONTROL COMMISSION

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAC ACQUISITION LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF AUGUST, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAC ACQUISITION LLC" WAS FORMED ON THE FIRST DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
2008 SEP 26 AM 11:27



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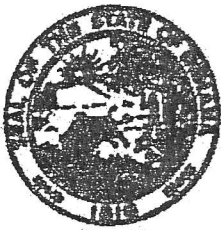
You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6809710

DATE: 08-22-08



Paul Robert
Secretary of State

State of Indiana
Office of the Secretary of State
I hereby certify that this is a true
and complete copy of the 63
page document filed in this office.

Dated 9/3/08

By: *April Finkbe*

This stamp replaces our previous
certification stamp.